	PATEN	T APPLICAT				TION REC	ORI	1			36			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ŞMALL TYPE	ENTITY	OF		R THAN		
F	OTAL CLAIN	1S] .	RATE	FEE		RATE	FEE		
F	OR .		NUMBE	NUMBER FILED NUM			1	BASIC FI			BASIC FE			
╟╤	OTAL CHARG	EABLE CLAIMS	10	19 minus 20=			1	XS 9=	1-1-1	7		1		
╟─	DEPENDENT		1 /2				1	A3 95	-	-\OF	`			
		ENDENT CLAIM		minus 3 =				X43=	<u> </u>	OR	X86=			
L"	OLTIFEE DEFI	ENDENT COAIM	FAESEIVI	1235141				+145=	1	OF	-290=			
• If the difference in column 1 is less than zero, enter 10						column 2	1	TOTAL		ÖR	TOTAL			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY		
AMENDMENT A	10/18/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONA FEE		
MO O	Total	- 19	Minus	-20		= 0		XS 9=		OR	XS18=			
MEN	Independent	1.3	Minus	2	3	= ()		X43=		OR	X86=			
∀	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	. 145 .		7	. +290=	1.		
		•					L	+145=	-	OR	TOTAL			
								ADDIT. FEE OR ADDIT. FEE						
		(Column 1)	·	(Colum		(Column 3)			ADDI-	7 1		ADDI-		
ENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
₩ 0	Total :	•	Minus .	**				XS 9=		OR	X\$18=			
AMENDMENT	Inaependent	•	Minus	***			ſ	X43=		OR-	X86=	;		
۷_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT C	LAIM		F			1 1	+290=			
								+145= TOTAL	· · ·	OR	TOTAL			
									ADDIT. FEE OR ADDIT. FEE					
	(Column 1) (Column 2) (Column 3). CLAIMS HIGHEST													
ENIC		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLÝ	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
٥	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
5 L	Independent	•	Minus	***		•		X43=		OR	X86=	Pr cv		
1	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						145-			→290=			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

**The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-475 (Rev 10:03)